

Name
in
Full

CERTIFICATE OF DEATH

Hilda Catharine Andrews

Town

County

Died at *Hoyestown*

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1907*

12

8

Age

—

7

—

Sex

Female

Color or
Race

White

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lester Adams

Father's
Birthplace

md

Mother's
Maiden Name

Elizabeth Miner

Mother's
Birthplace

md

Name of person giving
In formation

Elizabeth Andrews

How related
to deceased

mother

CAUSES OF DEATH

Primary

Scarlet Fever

How long

10 days

Immediate

Exhaustion

How long

.. ..

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. E. Smith

Address

Washington md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

67 June
Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edwin Bell</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>Dec</i>		Day <i>9</i>		Years <i>88</i>	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>9</i>		Age <i>88</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>		Months <i>11</i>	
Occupation <i>Lawyer</i>		Where Residing if not at place of death <i>md.</i>		Years <i>15</i>		Days <i>15</i>	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband		Father's Birthplace <i>Penn.</i>		Mother's Birthplace <i>md.</i>	
Father's Name <i>William D. Bell</i>		Mother's Maiden Name <i>Susan Barry</i>		Name of person giving information <i>Louisa Bell</i>		How related to deceased <i>sister</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senility

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

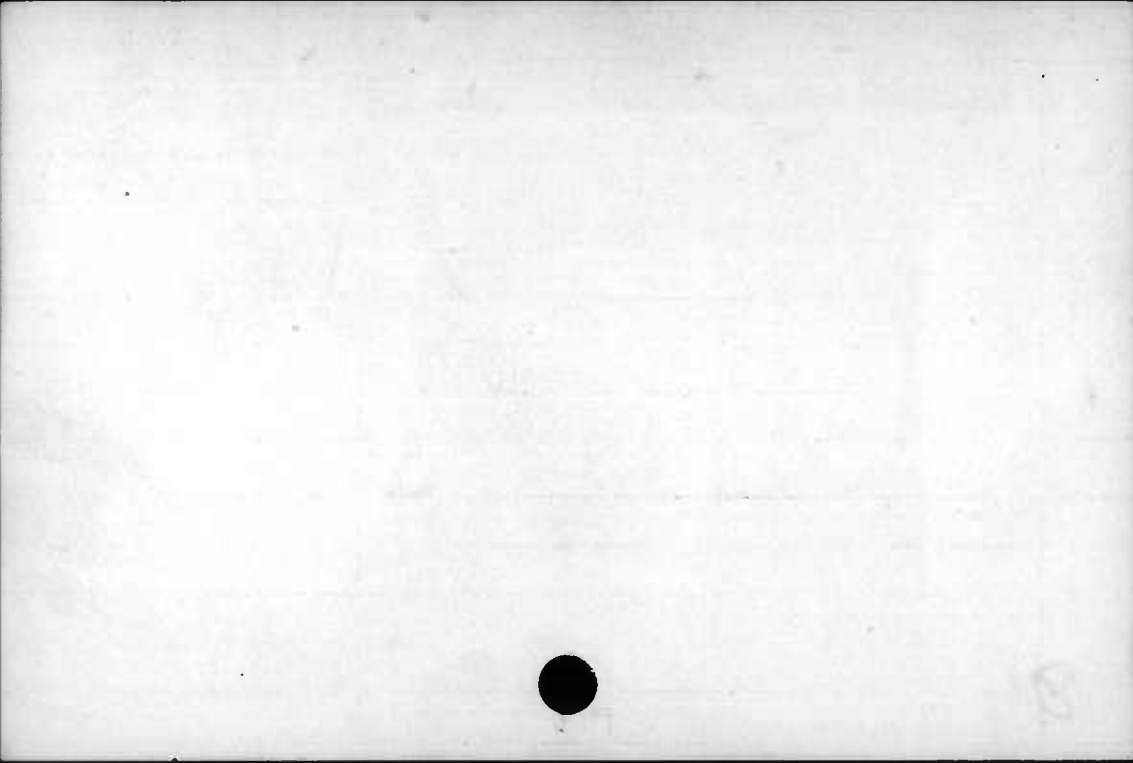
yes

Signature of Physician

Address

J. M. Scott
Hagerstown

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

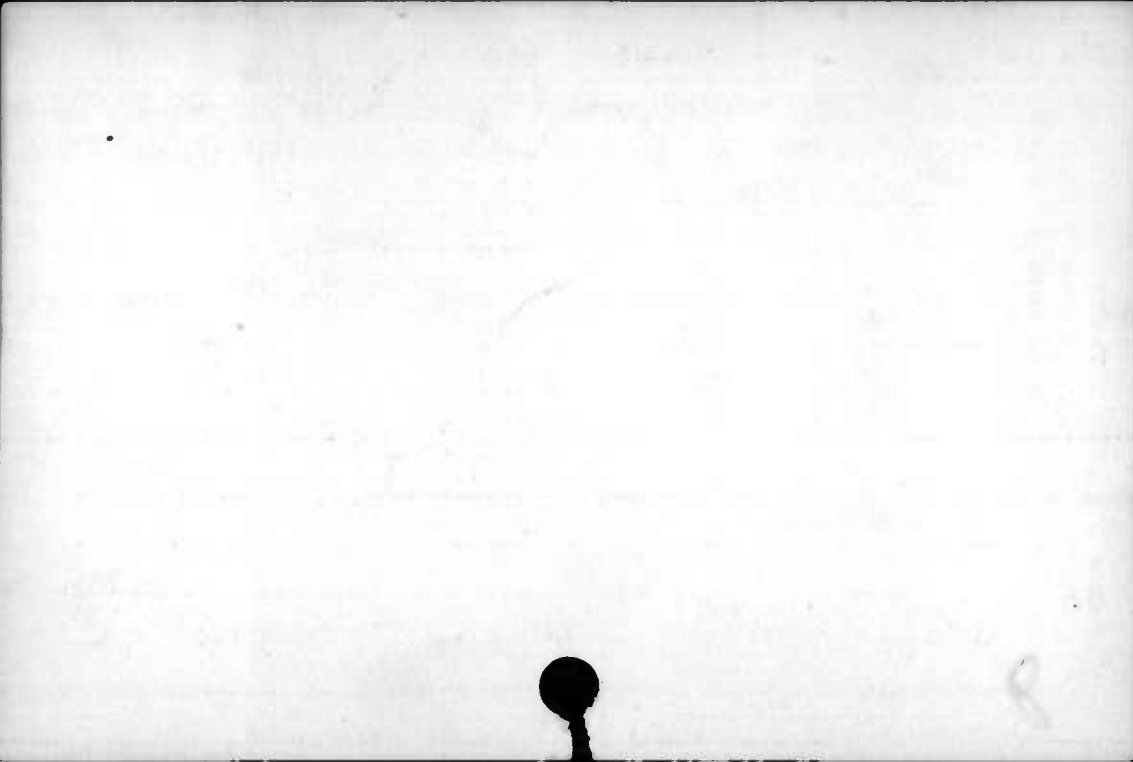
Name in Full <i>Ida. Bitner</i>		Town <i>Spencerville</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Spencerville</i>		Month <i>Dec</i>		Day <i>31</i>		Years <i>39</i>	
Date of death <i>1907 Dec 31</i>		Months <i>9</i>		Days <i>25</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Hofferson C. Va.</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Died at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Irvin Bitner</i>					
Father's Name <i>Isaac Millott</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mrs Davis</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Irvin Bitner</i>		How related to deceased <i>Husband</i>					

Dr. Stiggers

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Stiggers</i>
	Address
Accident or Suicide?	



Name
in
Full

Sarah Bomberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hayestown		Worthington					
Date of death		Month	Day	Years	Months	Days	
1907		12	3	Age 91			
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	Samuel Gruber					Father's Birthplace	Pa
Mother's Maiden Name	Mary Portland					Mother's Birthplace	Md
Name of person giving information	Isaac S Bomberger					How related to deceased	Mother

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	Softening of Brain		How long
Immediate	Old age		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<input checked="" type="checkbox"/>		L. M. Zimmerman	
Accident or Suicide?		Address	

Coffman
Mapleville

Name
in
Full

David C. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

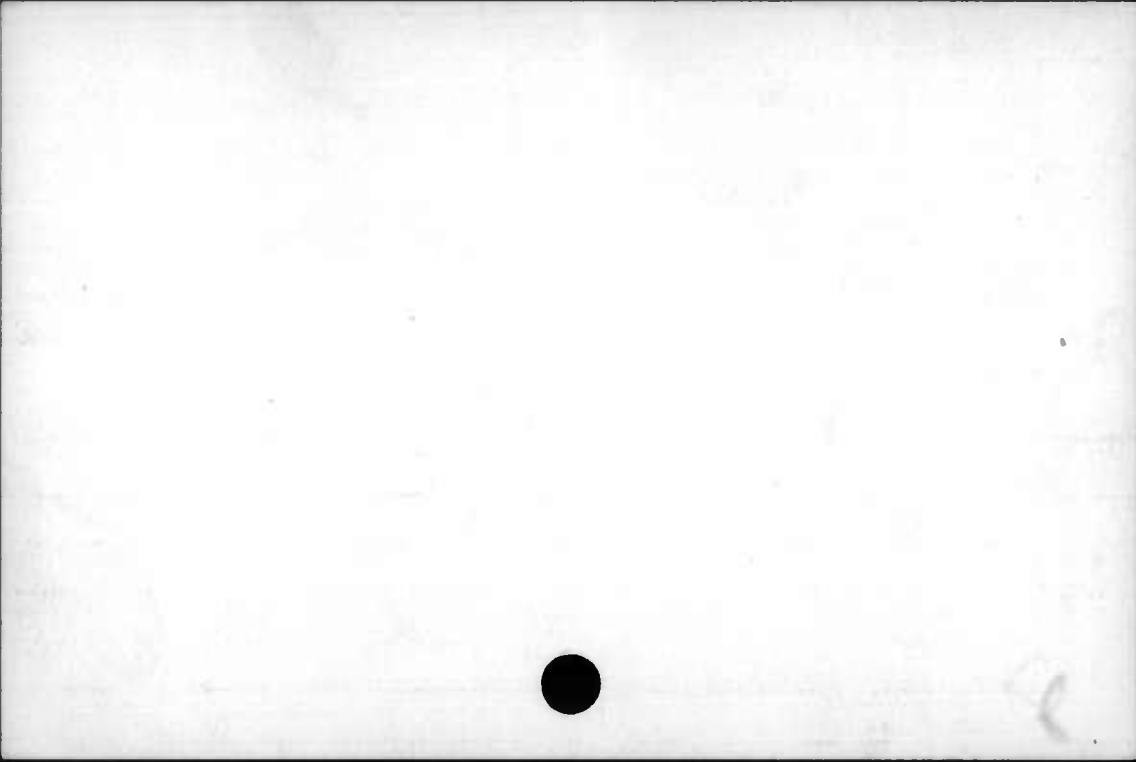
Died at <i>near Smithsburg</i>		Town <i>Smithsburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>12</i>	Day <i>11</i>	Age <i>50</i>	Years <i>9</i>	Months <i>9</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Fred. Co</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Smithsburg</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David C. Brown</i>					
Father's Name <i>Ezra Brown</i>		Father's Birthplace <i>Fred. Co.</i>					
Mother's Maiden Name <i>Dorothy Smith</i>		Mother's Birthplace <i>Fred. Co.</i>					
Name of person giving information <i>John C. Brown</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Pneumonia Heart Failure</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Dr. Jos. Protzman</i>	
		Address <i>Smithsburg</i>	
Accident or Suicide?			



Name
in
Full

Samuel Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Mondel</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec</i>	Day	<i>18</i>
Age	<i>70</i>	Years		Months	<i>Unknown</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Sharpsburg</i>
Occupation	<i>Cabman</i>		Where Residing if not at place of death <i>Unknown</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Unknown</i>		
Father's Name	<i>Josiah Brown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Priscilla Minor</i>		How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

(154)

PHYSICIAN
OR CORONER

Primary	<i>Senile Heart</i>	How long	<i>Several years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. M. Gurnott</i>
		Address	<i>Sharpsburg, Md.</i>
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Infant of Houston & Lillian Carnahan
 near Sharpstown Washington County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

7

Month

Dec

Day

31

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
placeWest
Sharpstown Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Houston Carnahan

Father's
Birthplace

Woodstock Va

Mother's
Maiden Name

Lillian Otto

Mother's
Birthplace

Sharpstown Md

Name of person giving
Information

Houston Carnahan

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Premature Birth - 7 1/2 months

How long

About 24 hours

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. Howard Carnahan

Address

Sharpstown Md

Accident or Suicide?

Chas. S. Warr
Undertaker

Name
in
Full

Mrs Catherine Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

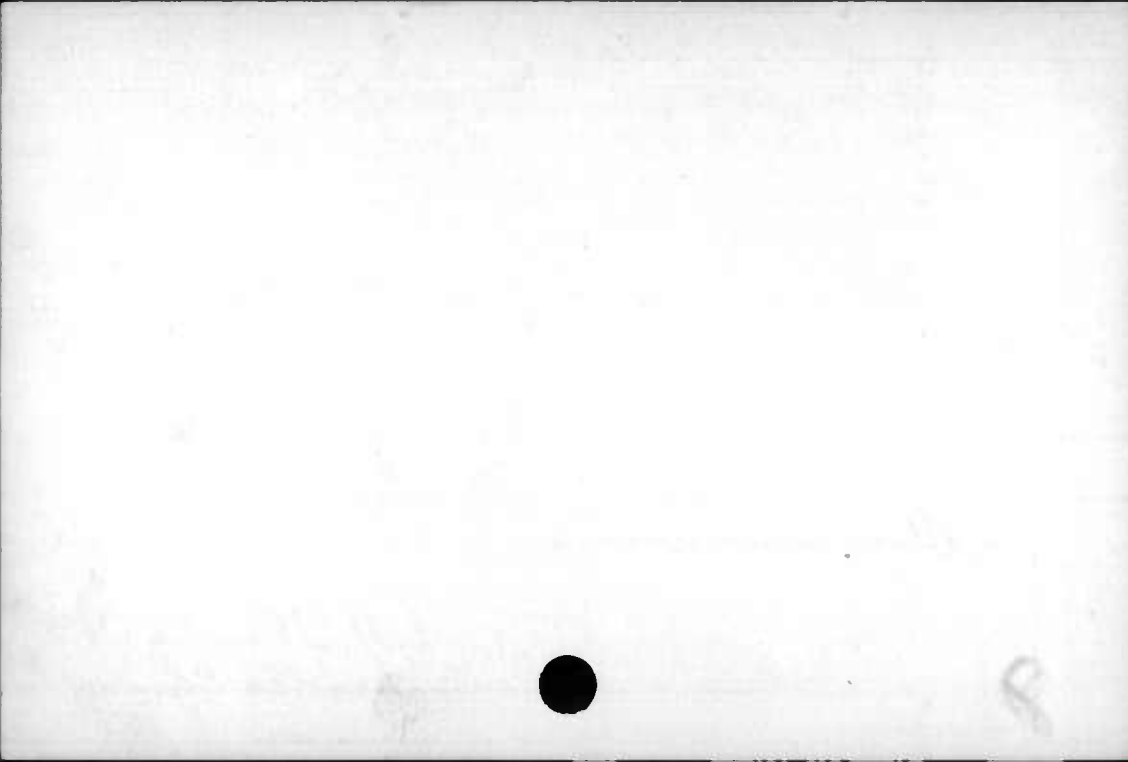
Died at <i>Hancock</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>12</i>	Day <i>18</i>	Age <i>79</i>	Months <i>3</i> Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hancock Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death _____				
Married, Single or Widowed	Name of Wife or Husband <i>Thos Miles Carter</i>				
Father's Name <i>Robert Fergusson Bridges</i>	Father's Birthplace <i>Scotland</i>		Mother's Birthplace <i>Near Reading Pa</i>		
Mother's Maiden Name <i>Rebecca Sepold</i>	Name of person giving information <i>Elizabeth M. Carter</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>2 wks</i>
Immediate <i>Exhaustion</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jawest</i>
Accident or Suicide? <i>No.</i>	Address <i>Hancock Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Old Forge</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1907	Month <i>Dec</i>	Day <i>14</i>	Age	Years <i>10</i> Months <i>10</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James Gline</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Maud Horganacker</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>James Gline</i>	How related to deceased <i>father.</i>				

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Wishard</i>
<i>X</i> Accident or Suicide?	Address <i>Leitersburg Md.</i>

Song Meadow

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

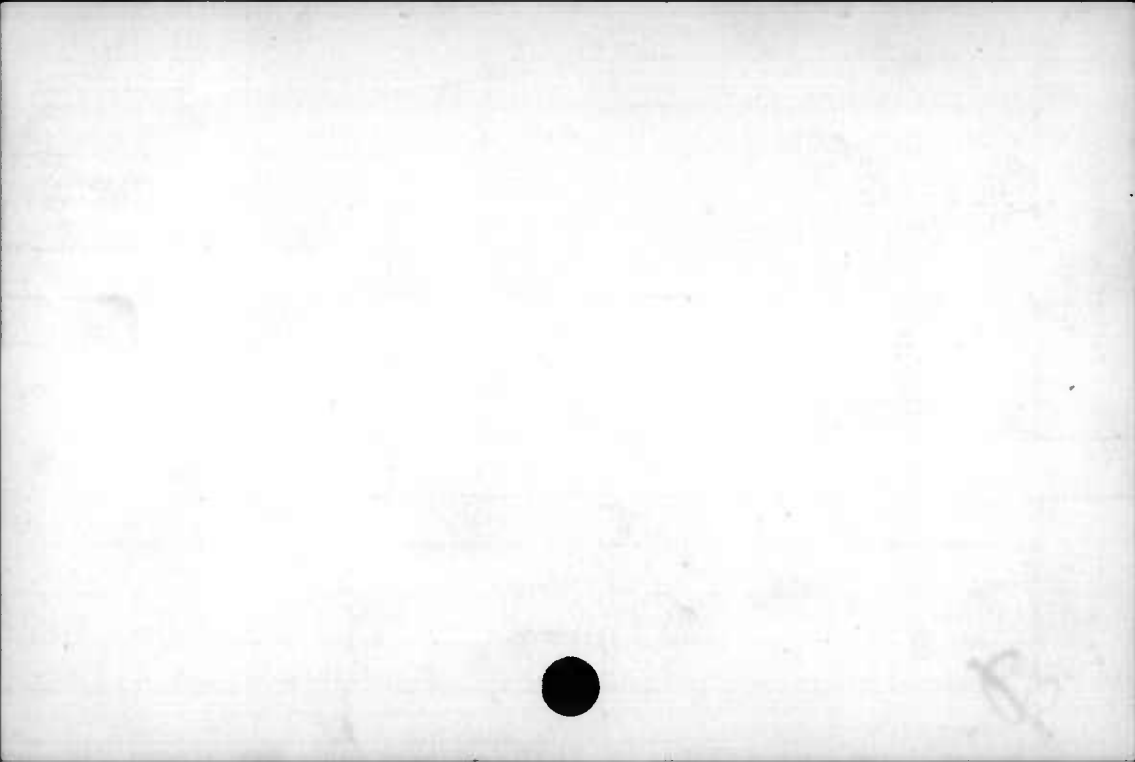
Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>12</i>	Day <i>28</i>	Age <i>52</i>	Years <i>52</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo F Cantelino</i>					
Father's Name <i>Henry H Penn</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>McPherson</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>J. B. M. Pich</i>		How related to deceased <i>Bro</i>					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Nervous Prostration</i>	How long <i>several months</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. C. Wankam</i>
<i>J</i>	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

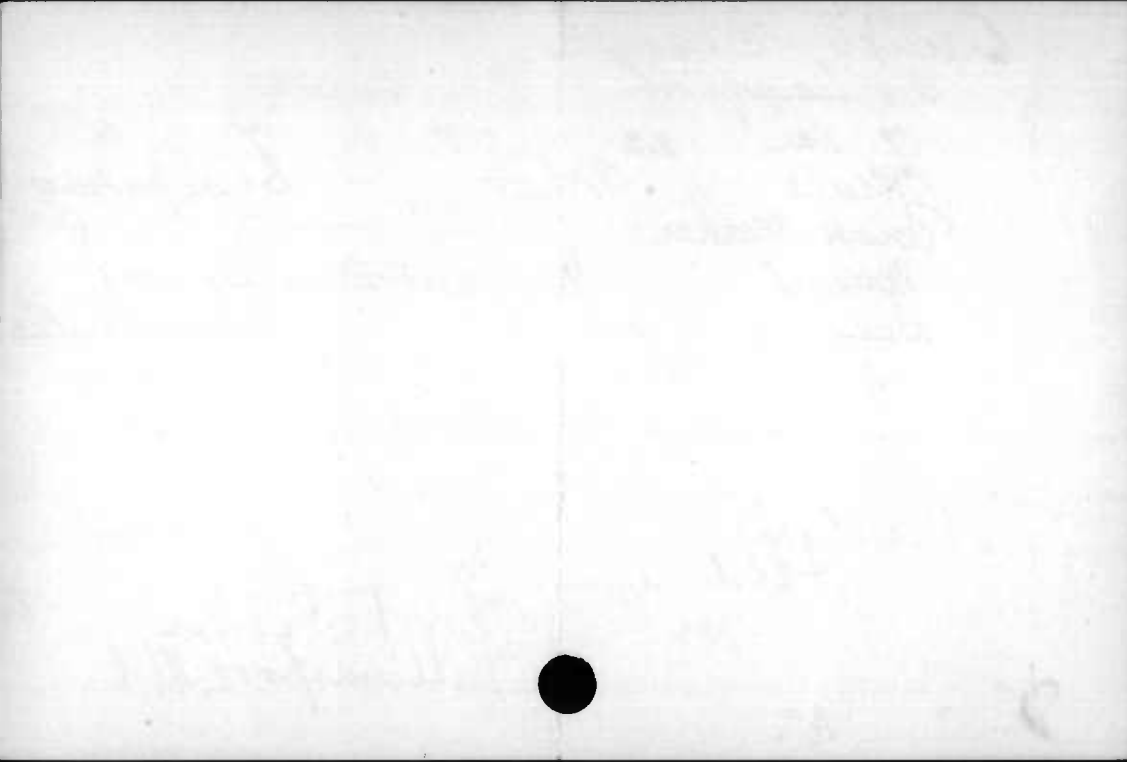
Died at <i>Chewsville</i> Town <i>Wash.</i> County <i>Co.</i>		MARYLAND				
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>3rd</i>	Age <i>61</i>	Years <i>10</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Lutesburg</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Lutesburg</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sammul. Cost.</i>					
Father's Name <i>Sammul. Jr. Cost.</i>	Father's Birthplace <i>Near Lutesburg</i>					
Mother's Maiden Name <i>Dallie. Bannan</i>	Mother's Birthplace <i>Near Lutesburg</i>					
Name of person giving information <i>Rose. Cost.</i>	How related to deceased <i>Wife</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>6 days</i>
Immediate <i>Heart Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. A. Quinn</i>
	Address <i>Chewsville</i>
Accident or Suicide? <i>md.</i>	



Name
in
Full

Daniel Cramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

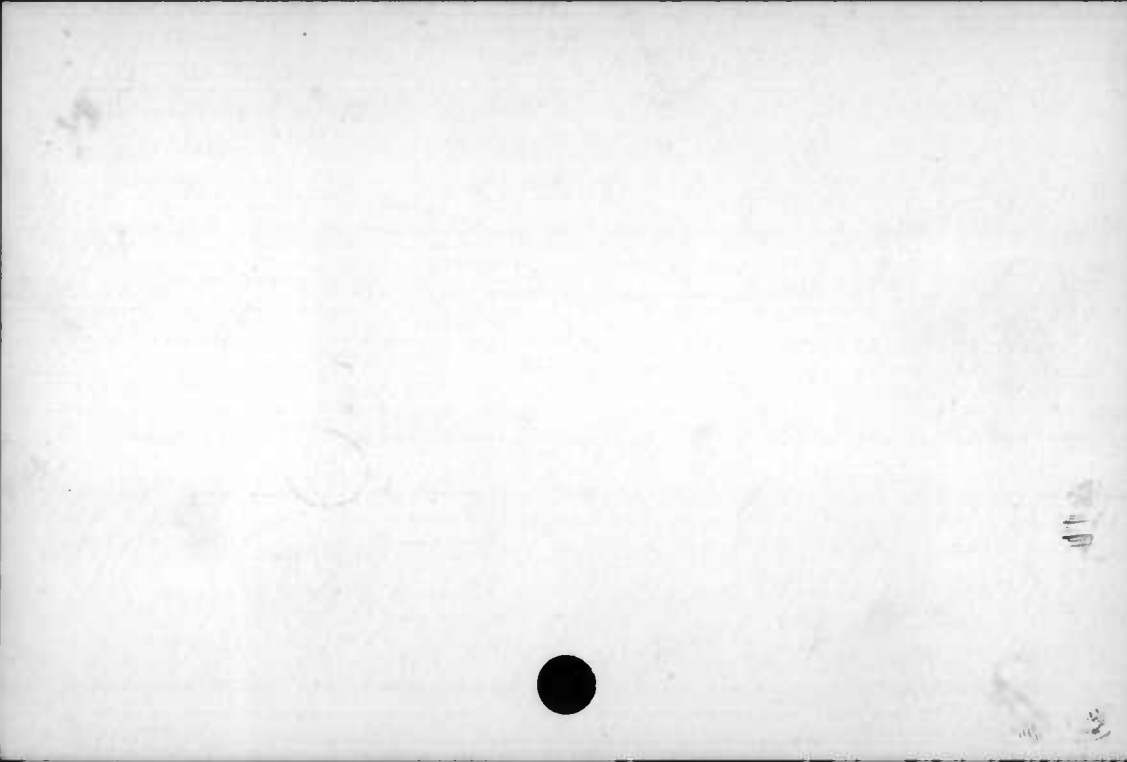
Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1907	Month Dec	Day 22	Age 78	Years 4	Months 5
Sex Male		Color or Race White		Birth-place Sharpsburg			
Occupation Brick Maker		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Margaret Ann Bowers					
Father's Name Samuel Cramer		Father's Birthplace Burrettsville					
Mother's Maiden Name Ester Harman		Mother's Birthplace Sharpsburg					
Name of person giving information Margaret A Bowers		How related to deceased Wife					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Two months
Immediate	Old age	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. J. T. Lusher	
Address		Williamsport, Md	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>29</i>	Age <i>—</i>	Years	Months <i>1</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sharpsburg</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Oxim</i>				Father's Birthplace <i>Douville Md</i>			
Mother's Maiden Name <i>Mary Hoffmaster</i>				Mother's Birthplace <i>Sharpsburg Md</i>			
Name of person giving information <i>William Oxim</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth - 7 1/2 months</i>	How long <i>—</i>
Immediate	<i>Transition</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. J. Gardner</i>
		Address <i>Sharpsburg Md</i>
Accident or Suicide? <i>8</i>		

Chas. S. Wade
Undertaker

Name
in
Full

Ada Dodson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	Month <i>12</i>	Day <i>6</i>	Years <i>31</i>	Months <i>2</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Na</i>		
Occupation <i>House work</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph Dodson</i>			Father's Birthplace <i>Na</i>		
Mother's Maiden Name <i>Eliya Fleuchman</i>			Mother's Birthplace <i>Na</i>		
Name of person giving information <i>Eliya Dodson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary <i>Pernicious Anemia</i>	How long <i>2 years</i>
Immediate <i>dissolution of blood cells</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Wilson M.D.</i>
	Address <i>302-N. Jonathan St.</i>
Accident or Suicide? <i>no</i>	

AKC Journal
Rose Hall

Name
in
Full

CERTIFICATE OF DEATH

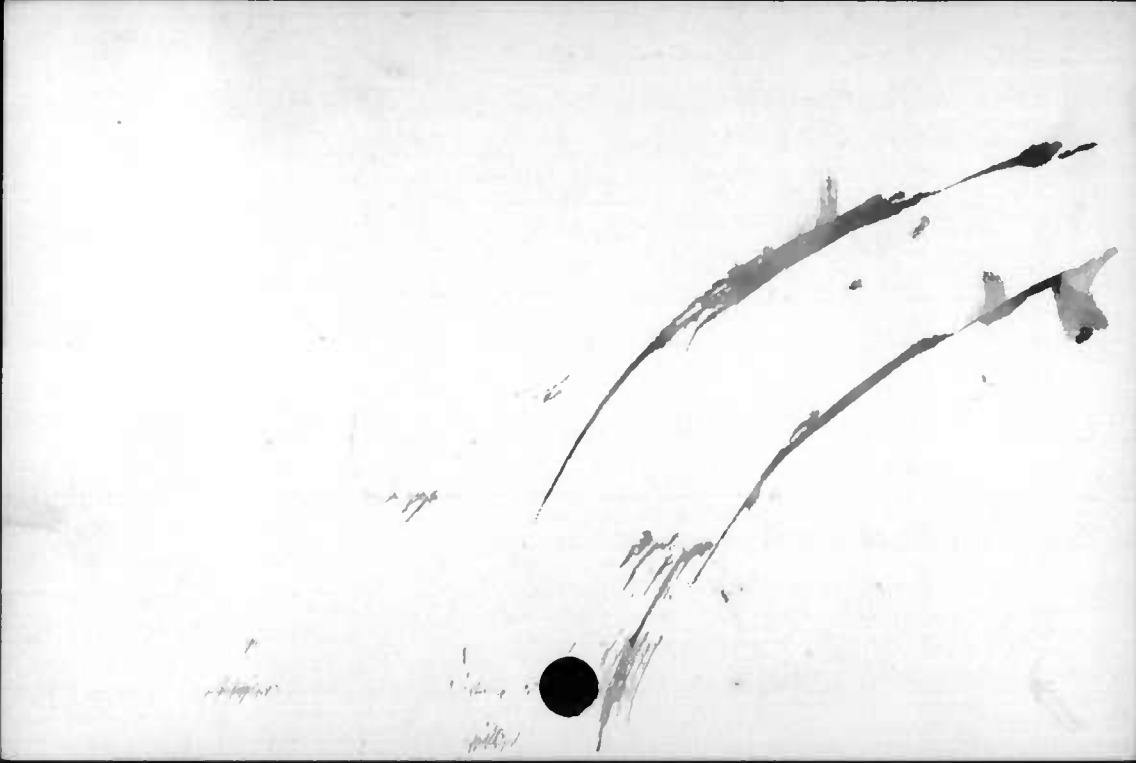
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Windsport Md.</i>		Town <i>Windsport</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Windsport</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Windsport</i>						
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Cummings</i>				Father's Birthplace <i>Wash. Co.</i>			
Mother's Maiden Name <i>Lida Finkrock</i>				Mother's Birthplace <i>Wash. Co.</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stroke</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. Richardson</i>
	Address <i>Windsport</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Esther May Eyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Wash.		MARYLAND	
Date of death		190	Month Dec	Day 23	Age 29	Years	Months Days
Sex female		Color or Race white		Birth- place Md.			
Occupation Housekeeper		Where Residing if not at place of death		Highfield, Md.			
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Charles M. Eyler		Father's Birthplace Md.					
Mother's Maiden Name Sarah Staub		Mother's Birthplace Md.					
Name of person giving In formation Mrs Wantz		How related to deceased sister					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary Anesthesia	How long —
Immediate Paralysis of Respiratory Center	How long —
Are the name, age, sex, color, date and place correctly given above? YES	Signature of Physician M. B. Monroe
no	Address Hagerstown Md.
Accident or Suicide?	

Thurmont, Frederick Co.
Suter

Name
in
Full

George Forest

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	Dec	22	23		
Sex	Color or Race		Birth-place		
male	white		Md.		
Occupation			Where Residing if not at place of death		
Laborer			Poundsville, Md.		
Married, Single or Widowed		Name of Wife or Husband			
single					
Father's Name			Father's Birthplace		
Adam Forest			Md		
Mother's Maiden Name			Mother's Birthplace		
Not Known			Not Known		
Name of person giving information			How related to deceased		
Chas E. Suter			none		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Rail Road accident.</i>	How long	<i>4 Days</i>
Immediate	<i>Secondary Hemorrhage</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>H. H. Den-</i>	
		Address	
		<i>Hagerstown</i>	
Accident or Suicide?			
<i>Accident-</i>		<i>Md.</i>	

Smithsburg
Luter

Name
in
Full

David S. Frey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hancock		County Washington		MARYLAND	
Date of death		190	Month 7	Day ore	Age 24	Months 5	Days 25
Sex Male		Color or Race White		Birth- place Hancock Md			
Occupation None		Where Residing if not at place of death Died at Home					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Geore. C. Frey		Father's Birthplace Hancock 2nd					
Mother's Maiden Name Lucy. C. Sipes		Mother's Birthplace Fulton Co Pa					
Name of person giving In formation Geo. C. Frey		How related to deceased Father.					

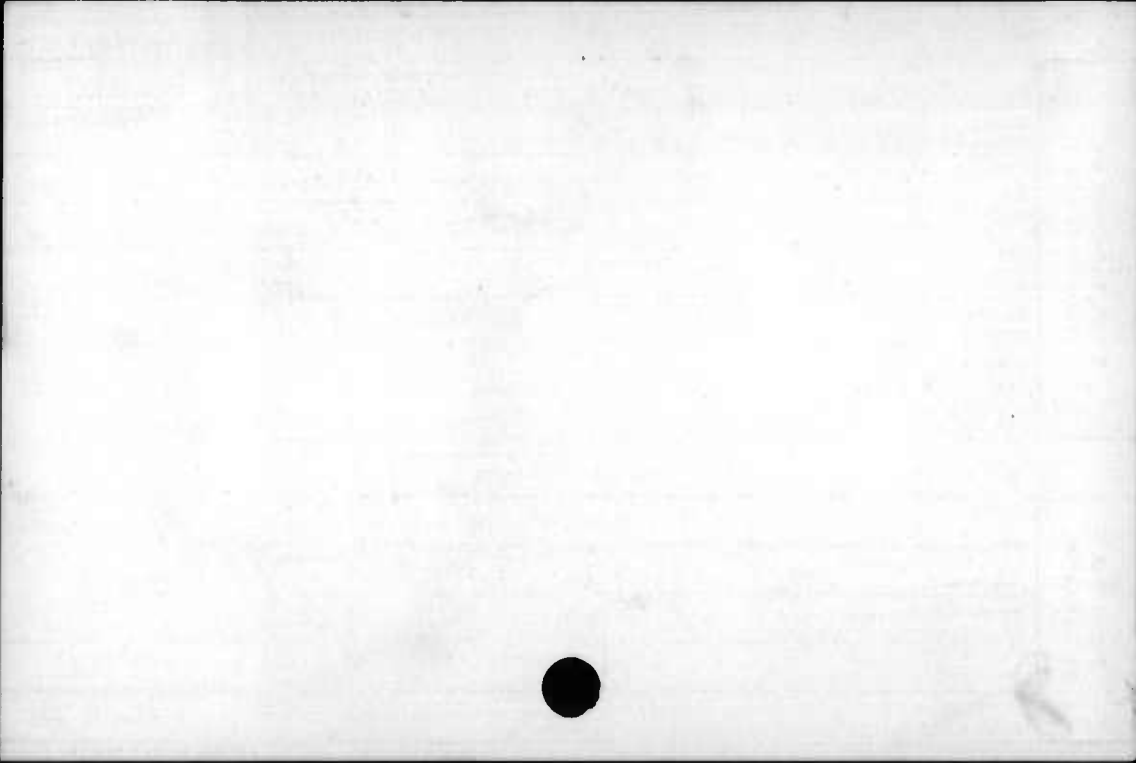
Dr Father.

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	Cretinism	How long	24 years
Immediate	Robert Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. C. Tabler	
Address		Hancock Md,	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>28</i>	Age <i>43</i>	Months <i>4</i>	Days <i>17</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>Salesman</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband _____			
Father's Name <i>Calvin Gabriel</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Ann Maria Hicks</i>			Mother's Birthplace <i>Penn.</i>		
Name of person giving information <i>Calvin H. Gabriel</i>			How related to deceased <i>brother</i>		

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>appendicitis acute</i>	How long <i>24 hours</i>
Immediate <i>General Peritonitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Swiller</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>no</i>	

Salem

Name
In
Full

Mrs. Eliza Ann Garver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

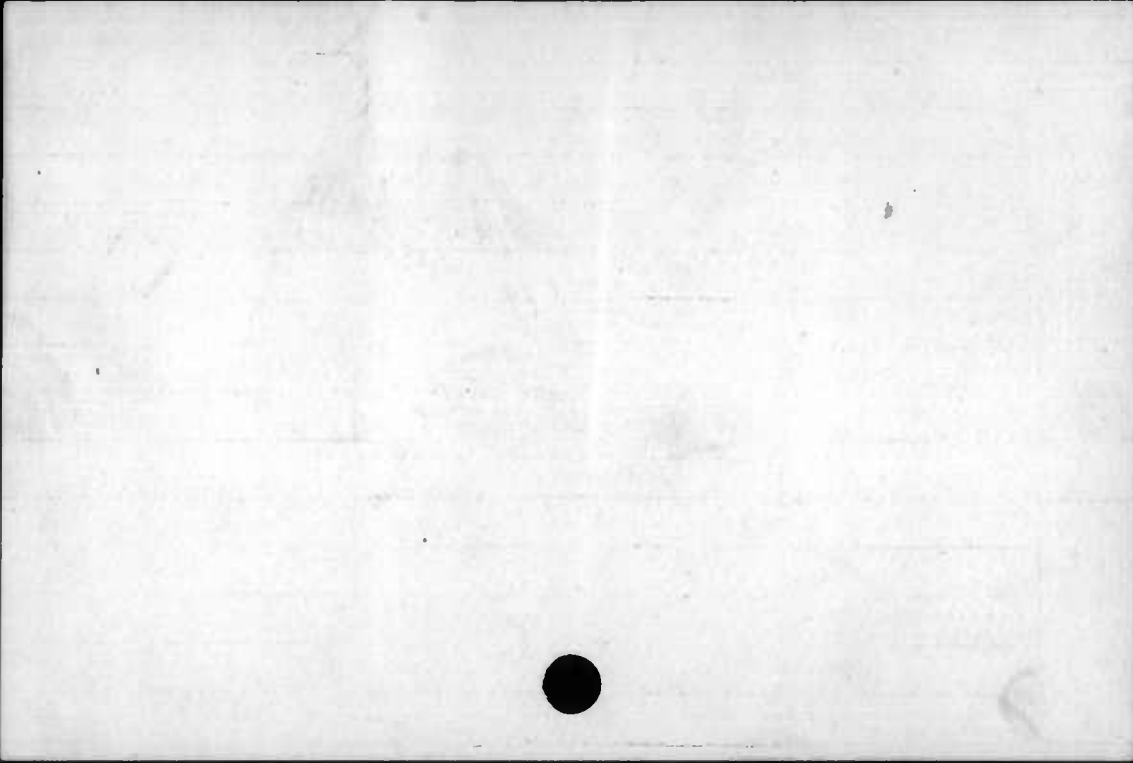
Died at <i>Hagerstown</i>		Town		County <i>Wash.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>23</i>	Age <i>77</i>	Years	Months	Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>W. W.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>John W. Garver</i>					
Father's Name <i>Jacob B. Lehman</i>		Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>Barbara Funk</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>J. Ed. Garver</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>3 years</i>
Immediate <i>Cardiac Exhaustion</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. P. Stauffer</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

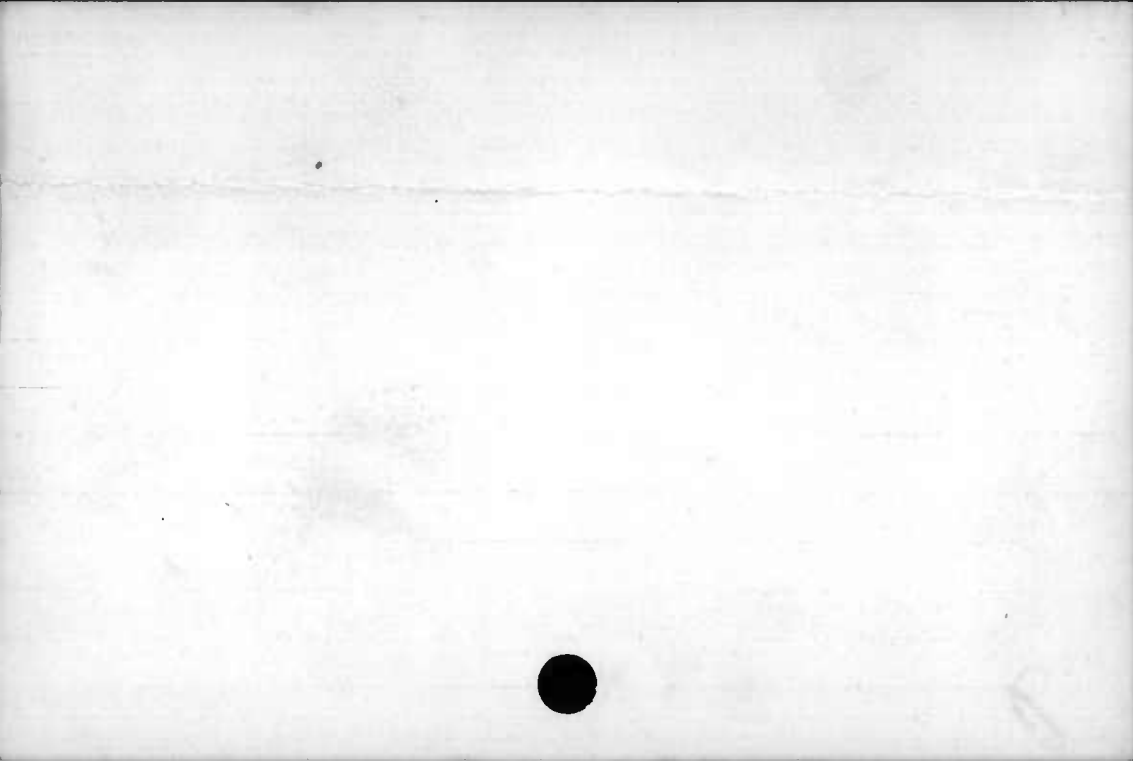
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Big Pool</i>		County <i>Washington</i>		MARYLAND	
Date of death	190	Month <i>Dec</i>	Day <i>8</i>	Age	Years <i>67</i>	Months <i>11</i>	Days <i>10</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>House wife</i>			Where Residing if not at place of death		<i>Big Pool</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Henry Gearhart</i>			
Father's Name	<i>Leonard Thompson</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Dollie Maguire</i>					Mother's Birthplace	<i>Pennsylvania</i>
Name of person giving information	<i>Jacob Gearhart</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2. years</i>
Immediate	<i>Paralysis</i>	How long	<i>1. week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>S. M. Rutledge</i> <i>Local Board of Health</i> <i>Clear Spring, Md.</i>
<i>yes</i>		Address	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
In
Full

Catherine Hause

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	190 ^{Month} <i>7</i>	^{Day} <i>26</i>	Age ^{Years} <i>71</i>	Months	Days
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>md</i>
Occupation	<i>House work</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>—</i>		
Father's Name	<i>George Hause</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Catherine Hause</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Lila Ross</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

174

PHYSICIAN
OR CORONER

Primary	<i>Inhalation of Gas</i>	How long	<i>brief instantly</i>
Immediate	<i>—</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yno</i>		Address <i>841 Mount St Hagerstown, Md.</i>	
Accident or Suicide?			

Coffeyville
10 - blairsville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Susan Hazenman*

Died at *Hagerstown* ^{Town} *Washington* ^{County} *MARYLAND*

Date of death *1907* ^{Month} *12* ^{Day} *31* ^{Years} *78* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *House work* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *—*

Father's Name *Joseph Long* Father's Birthplace *Md*

Mother's Maiden Name *Ana Rowland* Mother's Birthplace *Md*

Name of person giving information *D A Thomas* How related to deceased *Nephew*

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary *Senility* How long *Years about*

Immediate *apoplexy* How long *Endless*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. P. Stairman*

Address *14 a gersbourn Md*

Accident or Suicide? *No*

U



Name
in
Full

Christina Hess

CERTIFICATE OF DEATH

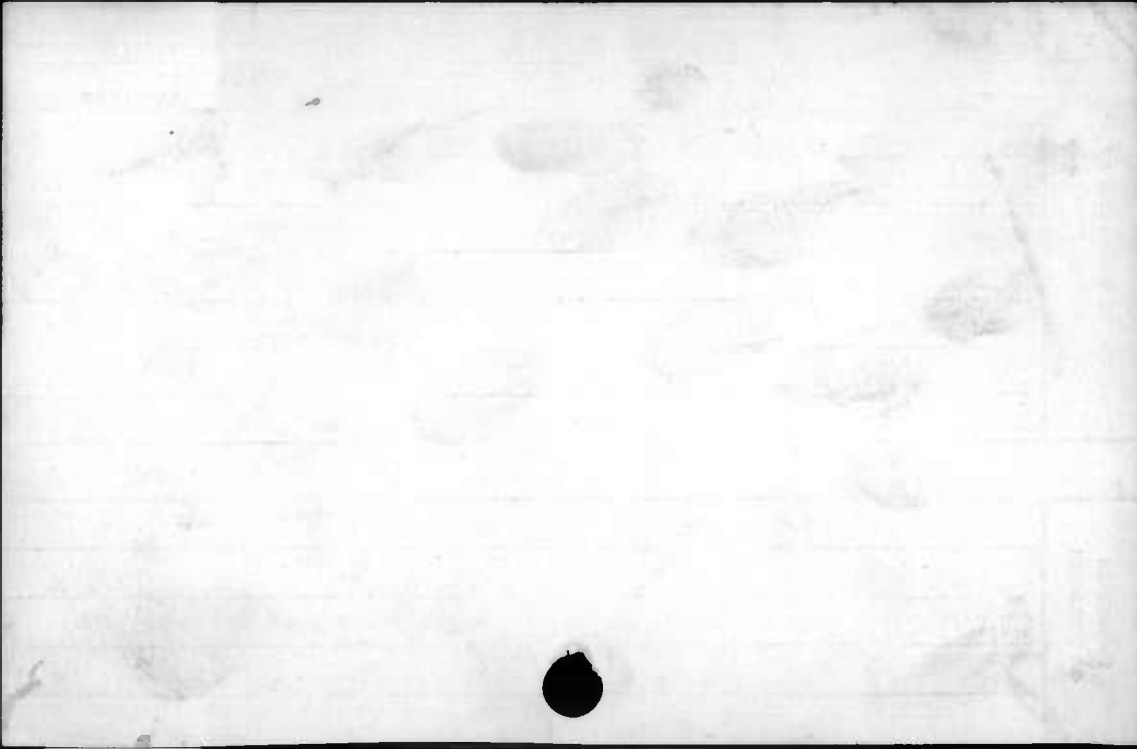
TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days		
1907		Dec	28	Age 82	11	27		
Sex		Color or Race		Birth-place				
Female		White		Franklin Co Pa.				
Occupation				Where Residing if not at place of death				
Housewife								
Married, Single or Widowed		Name of Wife or Husband						
Widowed		Jacob Hess						
Father's Name				Father's Birthplace				
Daniel Snowberger				Franklin Co Pa				
Mother's Maiden Name				Mother's Birthplace				
Mary Foreman				Franklin Co. Pa				
Name of person giving Information				How related to deceased				
E. J. Hess				Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of Death		How long
Cerebral Embolism		2 days
Immediate Cause of Death		How long
Valvular Disease of Heart		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<input checked="" type="checkbox"/>		P. J. Amberson
		Address
		Weynesboro Pa
Accident or Suicide?		



Name
in
Full

Elmer A. Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

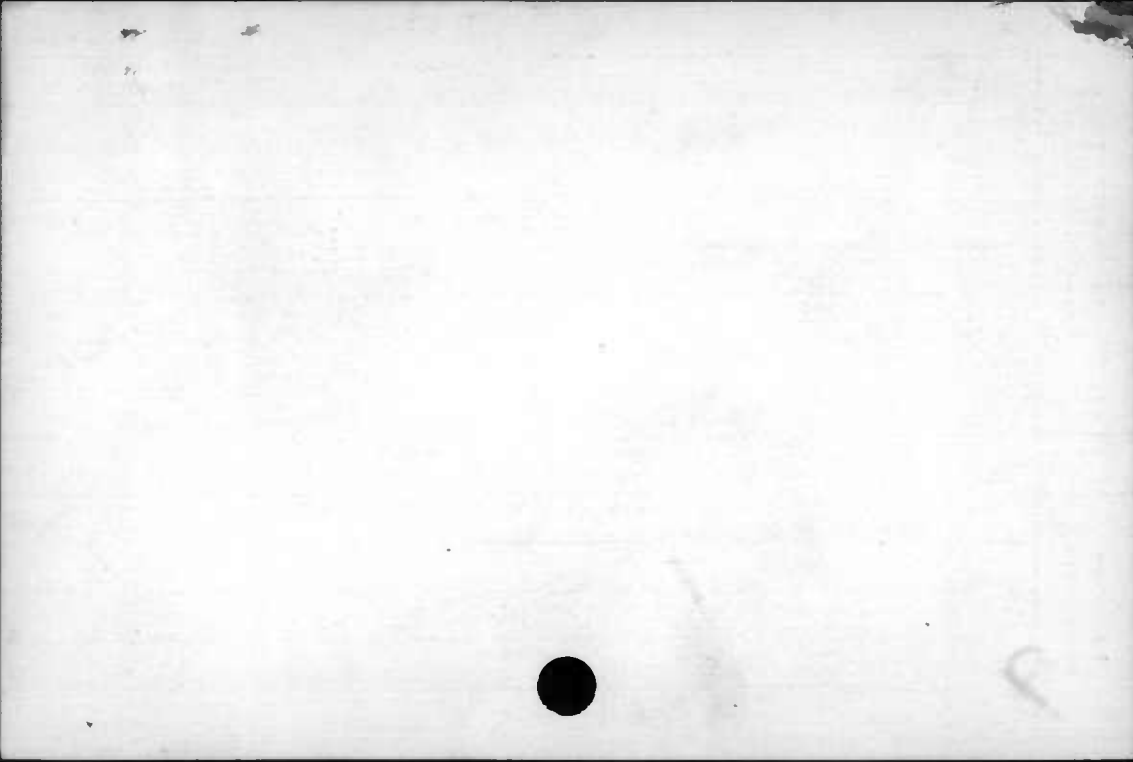
Died at <i>On a farm</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND		
Date of death	1907	Month <i>Oct</i>	Day <i>3rd</i>	Age	28	Years	Months <i>11</i>	Days <i>25</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Franklin Co Pa</i>	
Occupation	<i>Corn Moulder</i>			Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mabel E. Hughes</i>				
Father's Name	<i>John A Hughes</i>				Father's Birthplace	<i>Franklin Co Pa</i>		
Mother's Maiden Name	<i>Maggie E. Ditzler</i>				Mother's Birthplace	<i>Frederick Co Md</i>		
Name of person giving information	<i>John A Hughes</i>				How related to deceased	<i>Father</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic heart trouble</i>	How long	<i>4 years</i>
Immediate	<i>Nephritis & dropsy</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. M. Phillips M.D.</i>
		Address	<i>Harpis Ferry Jeff Co West Va</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

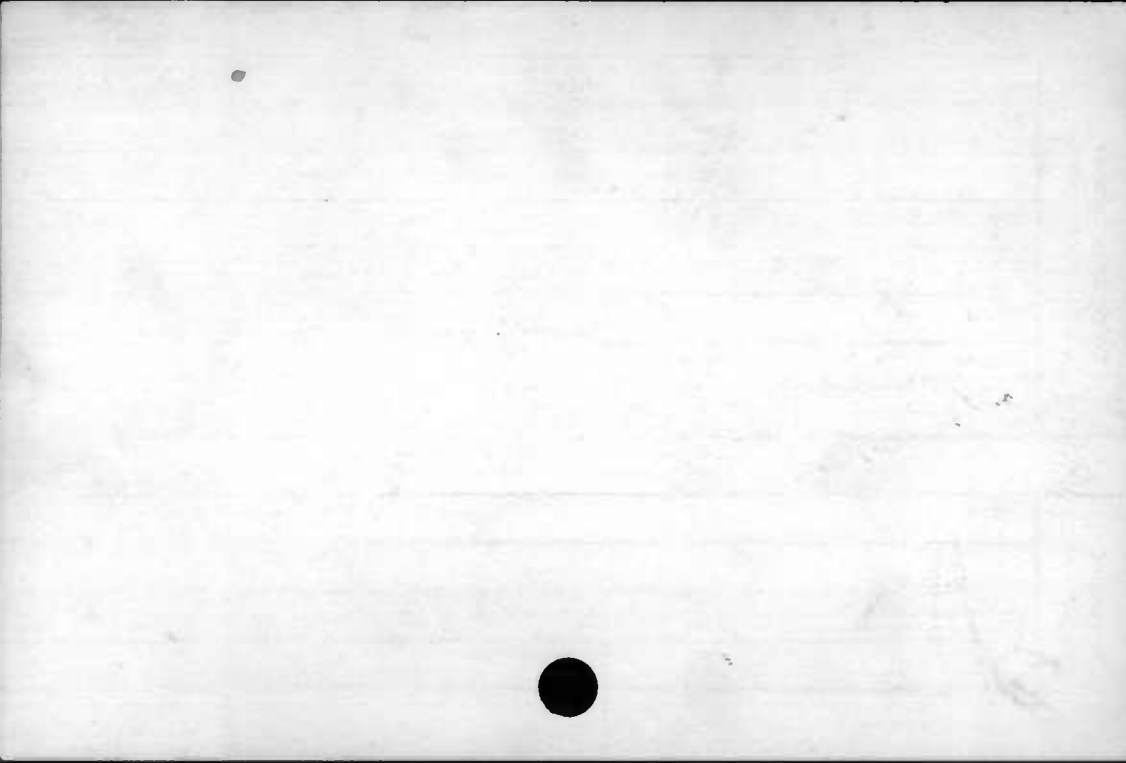
Died at <i>Garden</i>		Town <i>Garden</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>5</i>	Age <i>2</i>	Years <i>2</i>	Months <i>11</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Garden</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Charles W. Ingram</i>					
Father's Name <i>Charles W. Ingram</i>			Father's Birthplace <i>Yellowport</i>				
Mother's Maiden Name <i>Annie Welsh</i>			Mother's Birthplace <i>Defton Co West Va</i>				
Name of person giving information <i>Charles W. Ingram</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	<i>Burn</i>	How long	<i>two days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. M. Phillips</i>	
		Address <i>Super Ferry N. Va.</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

Thomas Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month	12	Day	26
Sex	Male	Color or Race	Colored	Birth-place	md
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thomas C Jones	Father's Birthplace <i>S Carolina</i>			
Mother's Maiden Name	Mary Barnett	Mother's Birthplace <i>md</i>			
Name of person giving information	Thomas Jones	How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Apnora

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Health Officer

Accident or Suicide?

No

by James
Hemping



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haystack</i> Town		<i>Worthington</i> County		MARYLAND	
Date of death	1907	Month	12	Day	14
Age	69	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	<i>Shoemaker</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Martha Kauffman</i>			
Father's Name	<i>Henry C. Kauffman</i>			Father's Birthplace	
Mother's Maiden Name	<i>Mary Schell</i>			Mother's Birthplace <i>MD</i>	
Name of person giving information	<i>Geo W Kauffman</i>			How related to deceased <i>Son</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Voluntary Dissection of Heart -</i>	How long	<i>One Year -</i>
Immediate	<i>Heart Failure</i>	How long	<i>8 Hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. H. Den -</i>
		Address	<i>Wagontown Md.</i>
Accident or Suicide?			

Cyrene
Rose Hill

Name
in
Full

Robert Jesse Keller.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month <i>Dec</i>	Day <i>26</i>	Age <i>70</i>	Years	Months <i>7</i>	Days <i>26</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Ind.</i>				
Occupation <i>Retired Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or husband <i>Alice Keller.</i>					
Father's Name <i>Thomas Keller</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Eliza J. Martini</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Eleanor Keller</i>		How related to deceased <i>Daughter.</i>					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis & Pneumonia</i>	How long <i>121</i>
Immediate	<i>Toxaemia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Miller, Jr.</i>
		Address <i>Hagerstown Ind</i>
Accident or Suicide? <i>No</i>		

St Paul Church

Suter

Name
in
Full

Ellen Jane Kuig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

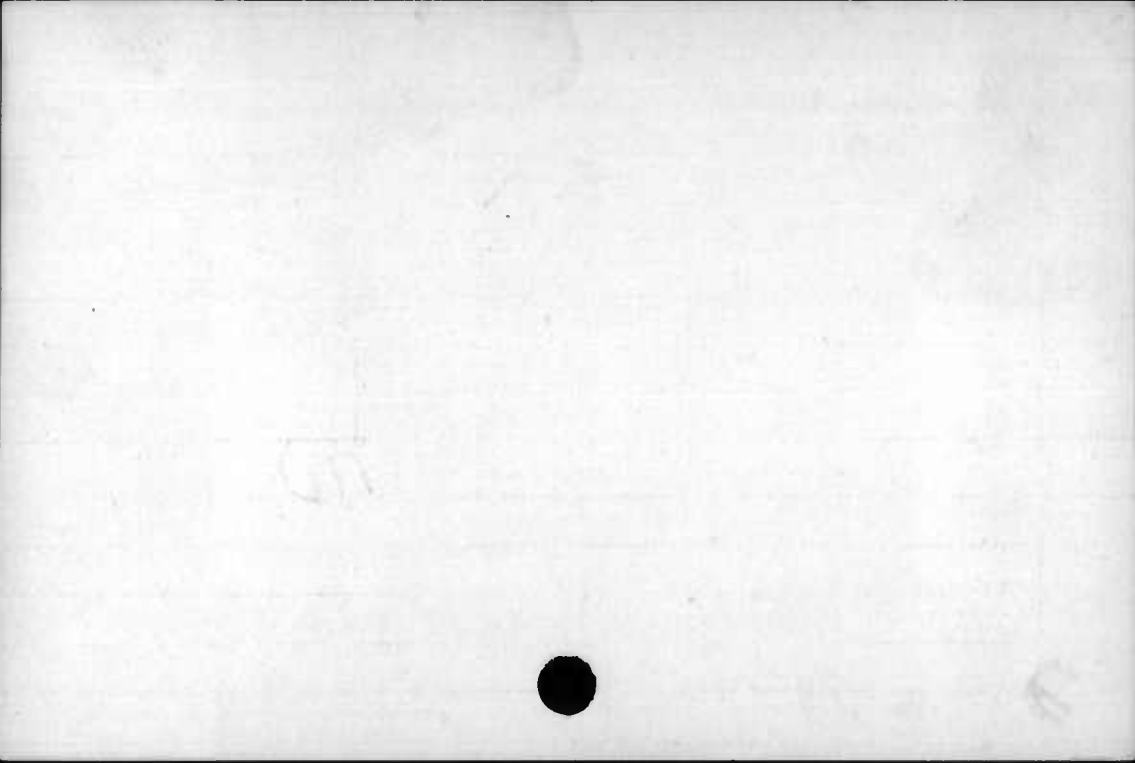
Died at <i>Williamsport</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>2</i>	Age <i>71</i>	Years <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hagerstown Md</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>F. L. Kuig Hagerstown Md</i>				
Father's Name <i> Aaron Ruth</i>	Father's Birthplace <i>Queen Anne Co</i>				
Mother's Maiden Name <i>Elizabeth McGinnis</i>	Mother's Birthplace <i>Lancaster Co Pa</i>				
Name of person giving information <i>F. L. Kuig</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Dropsy</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frederick W. Williams</i>
Address <i>Williamsport</i>	
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Knight

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>12</i>	Day <i>14</i>	Years <i>65-</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wa</i>		
Occupation <i>House work</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Peter Keagy</i>			Father's Birthplace <i>Switzerland</i>		
Mother's Maiden Name <i>Jane Wiser-aucher</i>			Mother's Birthplace <i>Switzerland</i>		
Name of person giving information <i>John Knight</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

(42)

PHYSICIAN
OR CORONER

Primary	<i>Uterine cancer</i>	How long <i>2 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. S. Herman</i>
		Address <i>Hagerstown Md,</i>
Accident or Suicide? <i>no.</i>		

Copy of
Charlotte's Note

Name in Full		Town				County				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Hagerstown		Washington				MARYLAND					
		Date of death		1907	Month	12	Day	16	Age	Years	9	Months	1	Days	5
		Sex		Male		Color or Race		White		Birth-place		Pa			
		Occupation		Chapman		Where Residing if not at place of death									
		Married, Single or Widowed		Single		Name of Wife or Husband									
		Father's Name		Robert H. Leuker		Father's Birthplace		Pa							
Mother's Maiden Name		Elizabeth Palmer		Mother's Birthplace		Pa									
Name of person giving information		Elizabeth Leuker		How related to deceased		Mother									
		CAUSES OF DEATH				(20)									
PHYSICIAN OR CORONER		Primary		Pyemia		How long		Three weeks							
		Immediate				How long									
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. V. Mustat M.D.							
		Address		Hagerstown											
Accident or Suicide?															

Green castle Pa

Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	<i>190</i> ^{Month}	<i>12</i> ^{Day}	Age <i>88</i> ^{Years}	<i>1</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Lady of Leisure</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Abram Reiter</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Houser</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs Martha Reiter</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Smile</i>	How long <i>14 yrs</i>
Immediate	<i>"</i>	How long <i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Wm. Foster Miller</i>
		Address <i>Hagerstown Md</i>
<input checked="" type="checkbox"/> Accident or Suicide?		

Leitersburg

Name
in
Full

Oliza A. Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Clearspring		County Washington		MARYLAND	
Date of death		1907	Month 12	Day 12	Age 77	Months —	Days —
Sex	Female		Color or Race	White		Birth place	Pa
Occupation	Housewife		At Home		Where Residing if not at place of death		
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name	Jonathan Little				Father's Birthplace	Pa	
Mother's Maiden Name	Barbara Miller				Mother's Birthplace	Md	
Name of person giving In formation	James M. Little				How related to deceased	Brother	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Aortic Stenosis		How long	
Immediate	Anasarca		How long	10 mo's
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
		No	Address	
Accident or Suicide?		No	Clearspring Md	



Name
in
Full

CERTIFICATE OF DEATH

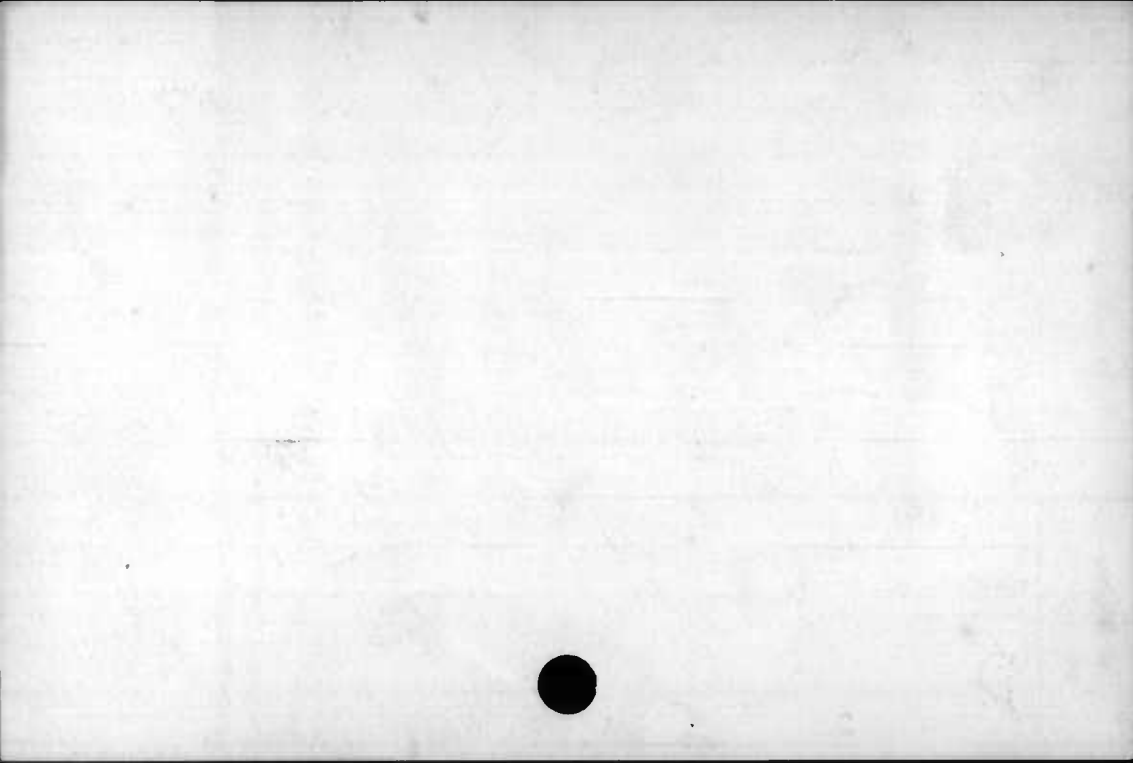
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Stillborn child of C. E. & Mary Magruder</i>		Town <i>Wagerstown</i>		County <i>Wash</i>		State <i>MARYLAND</i>	
Died at <i>Wagerstown</i>		Date of death <i>1907 Dec. 19</i>		Age <i>Still born</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Med.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>C. Elmer Magruder</i>				Father's Birthplace <i>Med.</i>			
Mother's Maiden Name <i>Mary J. C. Davis</i>				Mother's Birthplace <i>Penn.</i>			
Name of person giving information <i>C. E. Magruder</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long <i>—</i>	
Immediate		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Magruder</i>	
		Address <i>Wagerstown Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Year}		<u>12</u> ^{Month}	<u>15</u> ^{Day}	<u>27</u> ^{Years}	<u>0</u> ^{Months}
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Id</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Hagerstown</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Maldie R. Morrow</u>			
Father's Name <u>Elias Renner</u>		Father's Birthplace <u>Id</u>			
Mother's Maiden Name <u>Matilda Ambrose</u>		Mother's Birthplace <u>Id</u>			
Name of person giving information <u>Harry Renner</u>		How related to deceased <u>Brother in Law</u>			

CAUSES OF DEATH

27

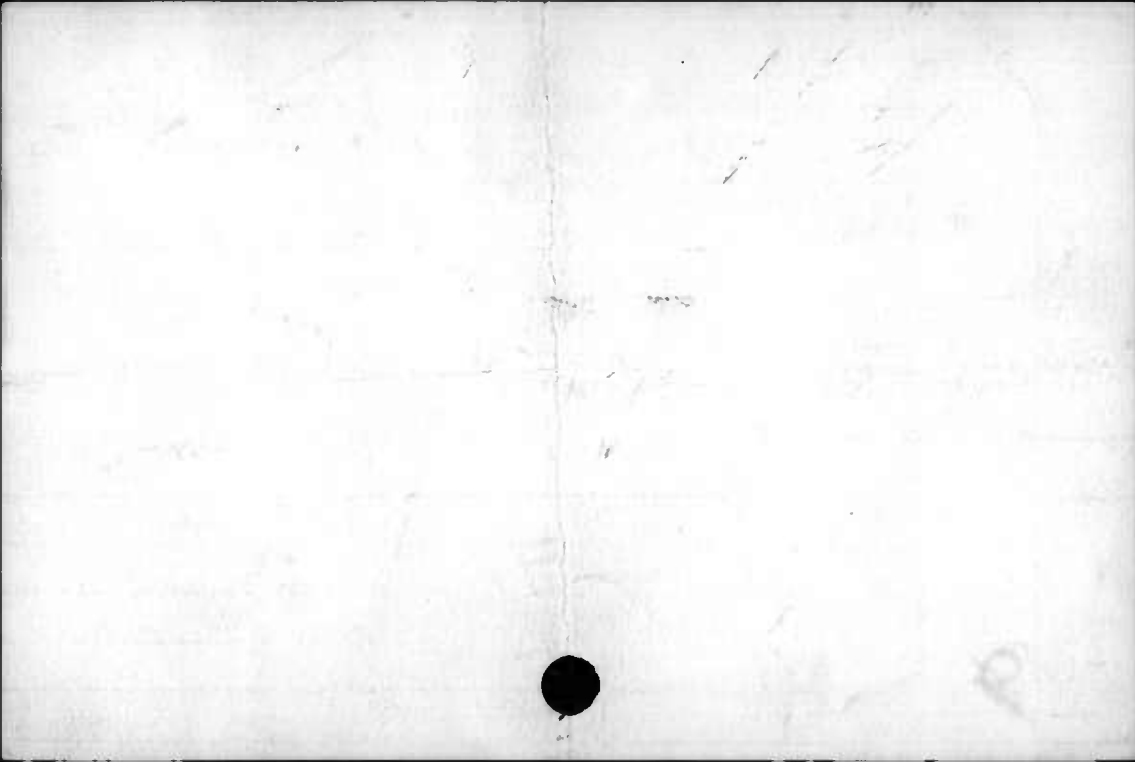
PHYSICIAN
OR CORONER

Primary	<u>Phthisis Pulmonalis</u>	How long	<u>2 yrs.</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>M. R. Morrow</u>	
<u>8</u>		Address <u>Hagerstown Md.</u>	
Accident or Suicide? <u>No</u>			

Mass Hill

Waltham

Name in Full		sallie Myers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mountain Lake		Washington		MARYLAND	
	Date of death	1907	Month December	Day 23	Age 41	Years 4	Months 11
	Sex	Female		Color or Race	White		Birth-place
	Occupation	House work		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband			
	Father's Name	Franklin Zimmerman				Father's Birthplace	
	Mother's Maiden Name	sallie Zimmerman				Mother's Birthplace	
	Name of person giving information					How related to deceased	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">79</div>							
PHYSICIAN OR CORONER	Primary	non-contagious A complication of diseases				How long Four years	
	Immediate	Organic heart disease with dropsy				How long About one year	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?		John McArthur		Sharpshooting - Med Undertaker			



Name
in
Full

Frank S Petre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Paranmount</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	<u>12</u> ^{Month}	<u>4</u> ^{Day}	<u>2</u> ^{Years}	<u>1</u> ^{Months}
Sex	<u>Male</u>		Color or Race	<u>White</u>	Birth-place
Occupation	<u></u>		Where Residing if not at place of death <u></u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u></u>		
Father's Name	<u>George Petre</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Mary Flook</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>George Petre</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Broncho-Pneumonia</u>	How long	<u>7 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Victor Smiller, Jr.</u>	
Accident or Suicide?		Address	
<u>No</u>		<u>Stagration, Ind.</u>	

Lyons are
Long meadows

Name
in
Full

Nicholas Powers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Keek Tryste* ^{County} *Washington* **MARYLAND**

Date of death *1907* ^{Month} *Dec.* ^{Day} *11* ^{Years} *52* ^{Months} ^{Days}

Sex *Male* Color or Race *white* Birth-place *Maryland*

Occupation *Constable* Where Residing If not at place of death *Keek Tryste*

Married, Single or Widowed *Married* Name of Wife *Fannie Powers.*

Father's Name *Watt Powers* Father's Birthplace *Maryland*

Mother's Maiden Name *Catherine Grove* Mother's Birthplace *Va.*

Name of person giving information *Fannie Powers.* How related to deceased *Wife*

CAUSES OF DEATH

180

PHYSICIAN
OR CORONER

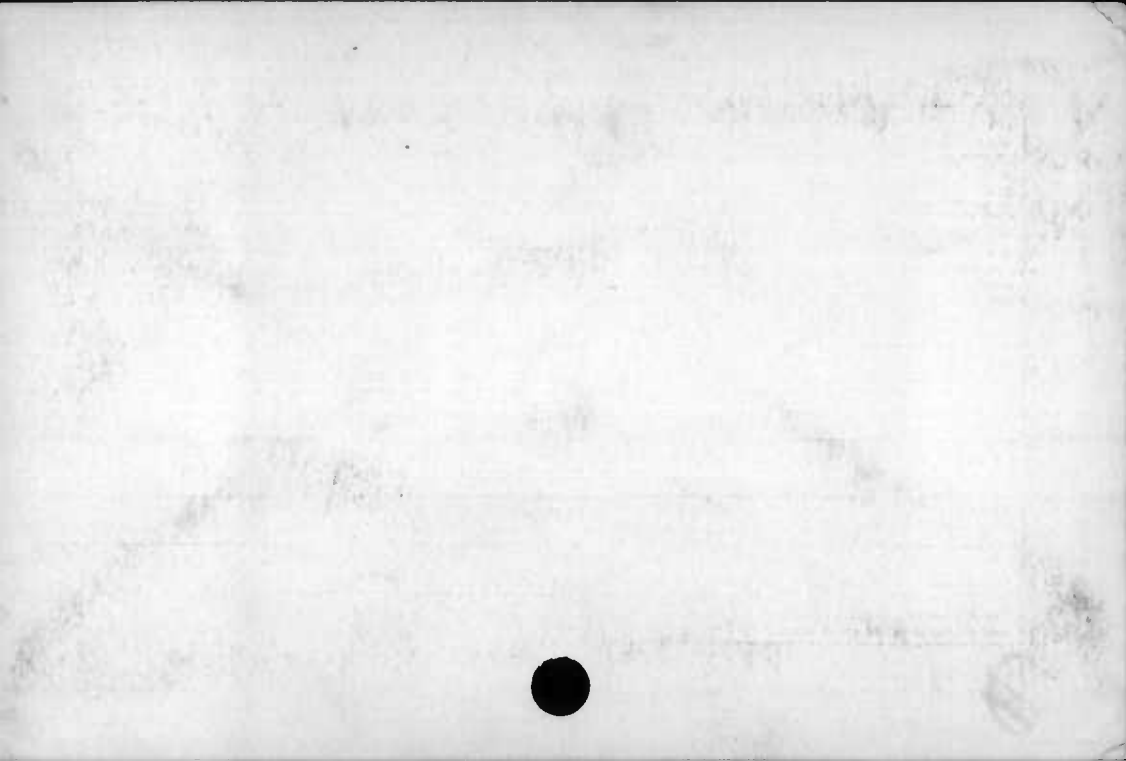
Primary *Neuralgia* How long *several years.*

Immediate *Angina Pectoris.* How long *one day.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *B. B. Ranson*

Address *Harpers Ferry W. Va.*

Accident or Suicide? *no*



Name
in
Full

Roy Blaine Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

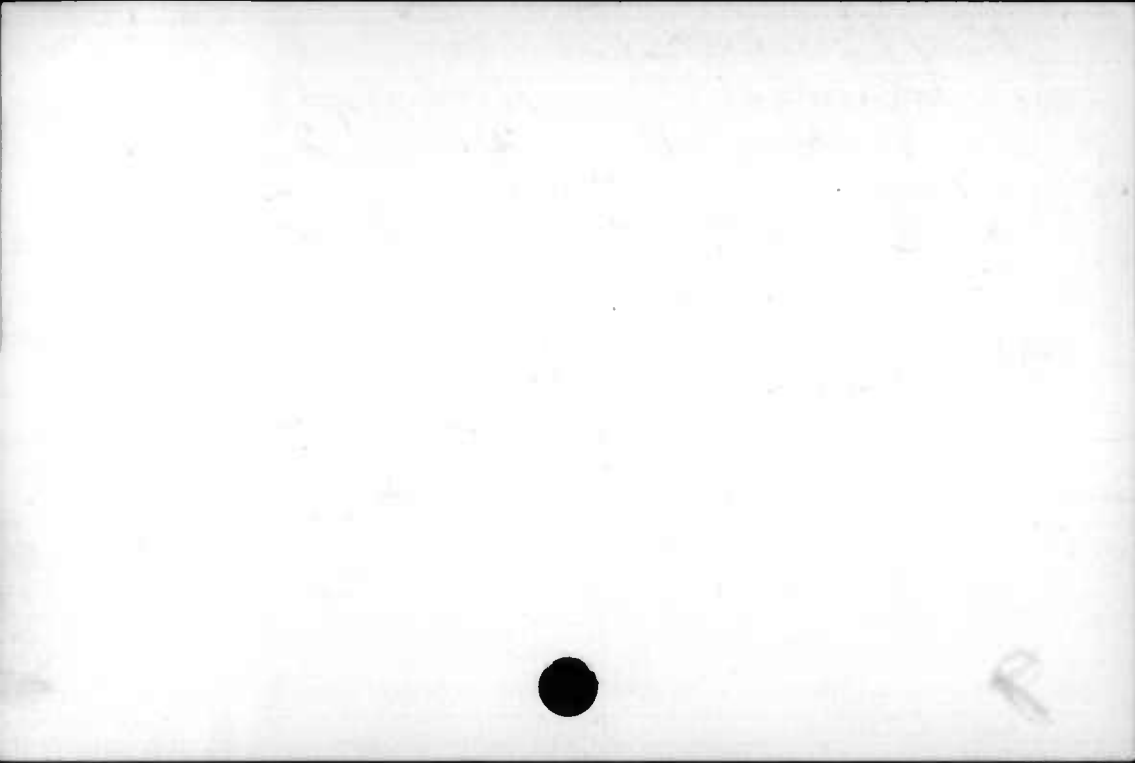
Died at		Town Keedysville		County Washington		State Maryland	
Date of death		1907	Month 12	Day 11	Age 22	Years 2	Months 7
Sex Male		Color or Race White		Birth place Burrville			
Occupation Book Keeper		Where Residing if not at place of death Keedysville					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Lewis W Roberts		Father's Birthplace Robertsville					
Mother's Maiden Name Ann B Tucker		Mother's Birthplace Antietam					
Name of person giving In formation Ann B Roberts		How related deceased Mother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	7 years
Immediate	Tuberculosis	How long	10 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. H. Nihiser	
Address		Keedysville Md	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name in Full *Charles W. Sebald*

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

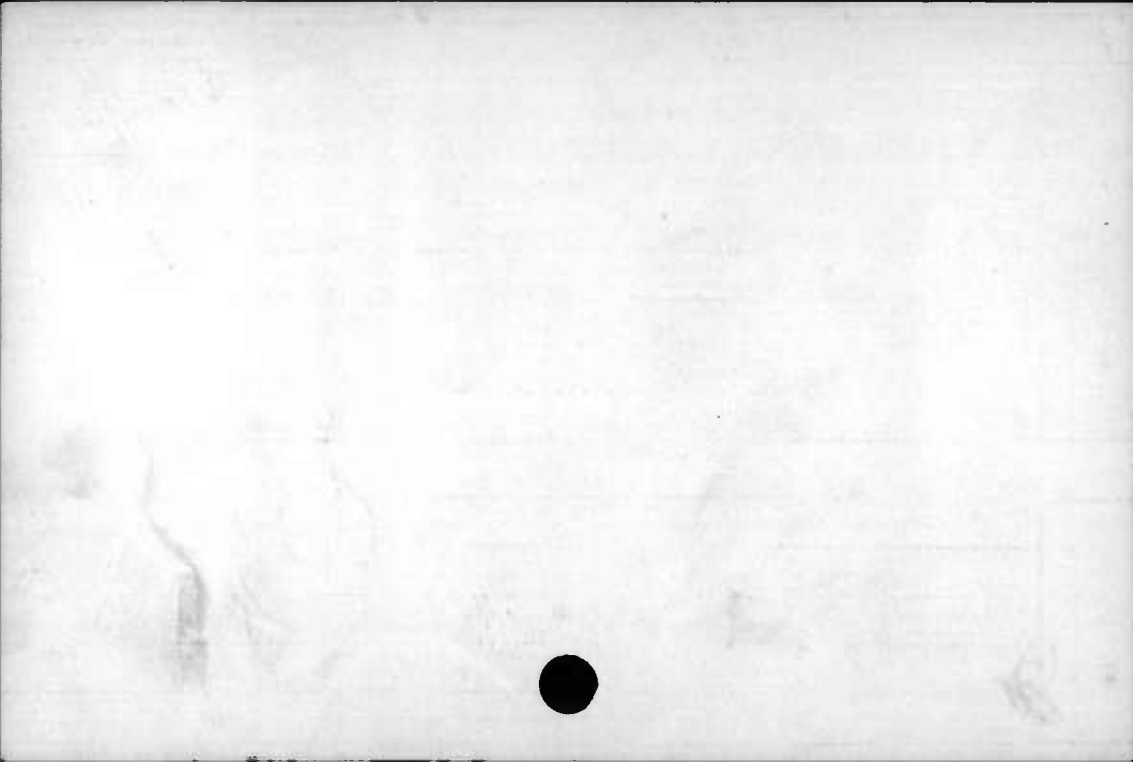
Died at <i>Hagerstown</i>		Town		County <i>Washington</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>15</i>	Age <i>62</i>	Years	Months <i>3</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>New Jersey</i>				
Occupation <i>Manufacturer & Spoke works</i>	President		Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mrs Annie Bowers Sebald</i>						
Father's Name <i>Daniel Sebald</i>	Father's Birthplace <i>New Jersey</i>						
Mother's Maiden Name <i>Phoebe Bateman</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Mrs. Samuel H. Long</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

179

PHYSICIAN OR CORONER

Primary <i>and obscure Intracranial trouble</i>	How long <i>2 weeks</i>
Immediate <i>Paralysis Respiratory Center</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E A Washburn</i>
<i>X</i>	Address <i>18 E. 11th St N C</i>
	Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Elizabeth Shipfler</i>		Town <i>Salem</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Salem</i>		Month <i>Dec</i>		Day <i>13</i>		Age <i>75</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>10</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>H.W.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Samuel Shipfler</i>					
Father's Name <i>Harry Miller</i>		Father's Birthplace <i>Penna.</i>					
Mother's Maiden Name <i>Elizabeth Lechroue</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>Mrs Rebecca Bostetter</i>		How related to deceased <i>sister.</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart</i>		How long <i>same month</i>	
Immediate <i>edema of lung</i>		How long <i>same month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas R. Knight</i>	
Address <i>Wagontown md.</i>			
Accident or Suicide? <i>no</i>			

Salem

Name
in
Full

Thomas Sumner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

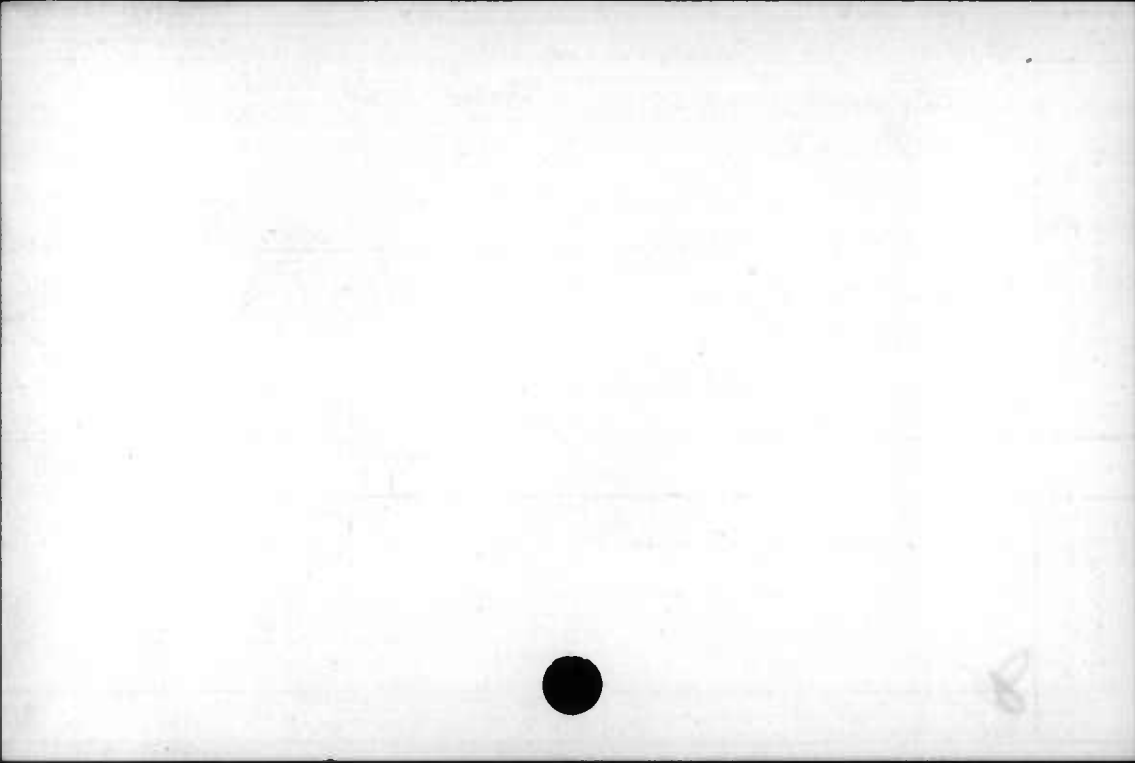
Died at <i>Smithsburg</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	1907	Month	12	Day	2
Age		Years	59	Months	11
Sex		male	Color or Race	white	Birth-place
Occupation		Confectioner		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband	
Father's Name		Henry Sumner		Father's Birthplace	
Mother's Maiden Name		Margaret Lighten		Mother's Birthplace	
Name of person giving information		Harry Sumner		How related to deceased	
				son.	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bright's Disease</i>	How long	<i>8 Months</i>
Immediate	<i>Heart Failure</i>	How long	<i>Instant</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		<i>Dr. M. Kefauver</i>	
8		Address	
Accident or Suicide?		<i>Smithsburg</i>	
		<i>Maryland.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George E Sollicday*

Town *Haystack* County *Washington* MARYLAND

Died at *Haystack*

Date of death *1907* Month *12* Day *1* Age *76* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Retired* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Rebecca Sollicday*

Father's Name *George Sollicday* Father's Birthplace *Pa*

Mother's Maiden Name *Hannah Gistman* Mother's Birthplace *Pa*

Name of person giving information *Benjamin Sollicday* How related to deceased *Son*

CAUSES OF DEATH

(50)

PHYSICIAN
OR CORONER

Primary *Malaria* How long *Same years*

Immediate *Cancer* How long *Same years*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas B Boyle* Address *Haystack*

Accident or Suicide? *no*

Bygone
Kiss Hill

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Heagertown</i>		County <i>Washington</i>		State <i>MARYLAND</i>
	Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>76</i>
	Sex <i>male</i>		Color or Race <i>white</i>	Birth-place <i>Germany</i>	Months <i>3</i>
	Occupation <i>merchant</i>	Tailor	Where Residing if not at place of death		
	Married, Single or Widowed <i>widower</i>	Name of Wife <i>Mary E. Shaffer Swartz.</i>			
	Father's Name <i>John Swartz</i>	Father's Birthplace <i>Germany</i>			
	Mother's Maiden Name <i>Margaret Shaffer</i>	Mother's Birthplace <i>Germany</i>			
	Name of person giving information <i>Chas E. Swartz</i>	How related to deceased <i>son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Tabular insufficiency</i>		How long	<i>15 years</i>
	Immediate	<i>Heart failure</i>		How long	<i>immediate</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>A. H. H. Pagani</i>
	Accident or Suicide? <i>No</i>		Address	<i>Heagertown Md</i>	

Enter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Tower

C. 4.

MARYLAND

Date _____

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's
Name

Mother's
Maiden Name

Name of person giving information

Father's Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

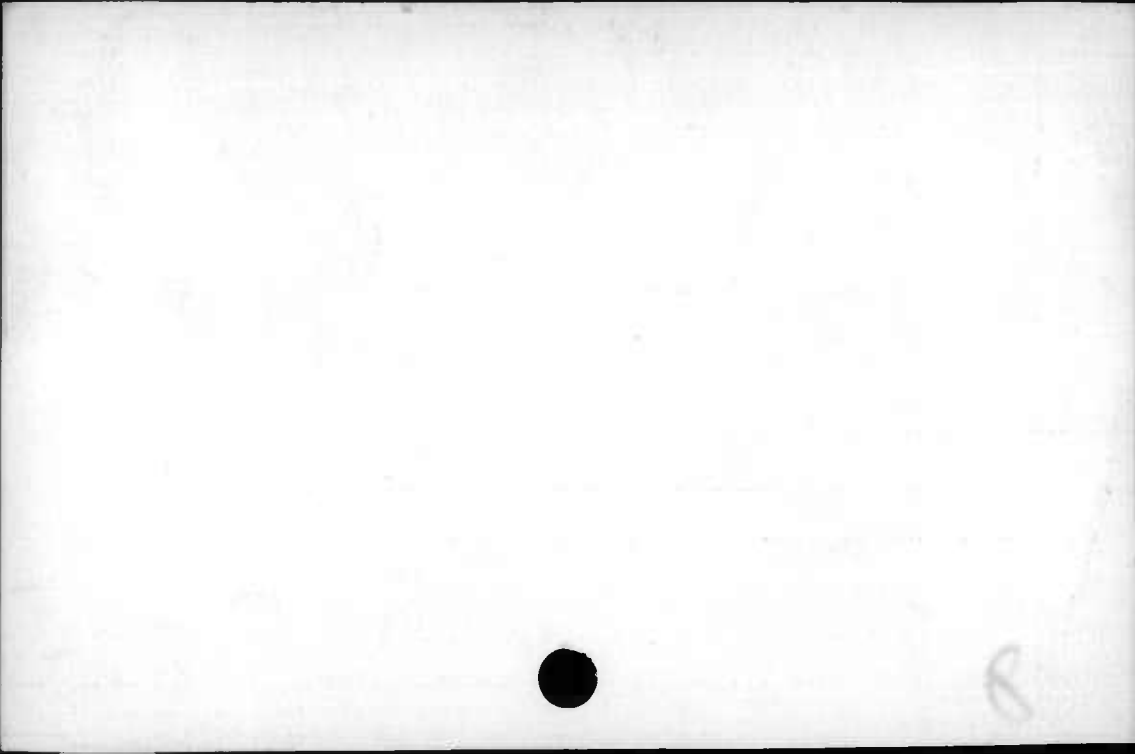
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature
Physician

Address

Accident or Suicide?



Name
in
Full

Chas. Edward Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Willeamsport.		County Washington		MARYLAND	
Date of death	1907	Month Dec	Day 21	Age #	Years 64	Months 8	Days 30
Sex	Male		Color or Race	White		Birth- place	Willeamsport.
Occupation	Sawyer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry S Williamson					Father's Birthplace	Balt ^o Md
Mother's Maiden Name	Mary Emma Offenberg					Mother's Birthplace	Wmst ^o .
Name of person giving In formation	Henry S Williamson					How related to deceased	Father

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	Scarlet Fever.	How long	Three days
Immediate	Heart failure	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. B. Richardson	
Address		Willeamsport Md.	
Accident or Suicide?		No.	

Henry S. Balto
May Enm Wmph

Name
in
Full~~Henry C. Zimmerman~~ Henry C. Zimmerman

CERTIFICATE OF DEATH

Died at <u>Ash</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	1907	Month	12	Day	11
Age	63	Years	2	Months	19
Sex	Male	Color or Race	White	Birth place	Sylvan, Pa.
Occupation	Farmer		Where Residing if not at place of death <u>Ash</u>		
Married, Single or Widowed	Name of Wife or Husband		<u>Sarah E. Zimmerman</u>		
Father's Name	<u>Peter Zimmerman</u>		Father's Birthplace <u>Sylvan Pa.</u>		
Mother's Maiden Name	<u>Melvina Bruver</u>		Mother's Birthplace <u>Sylvan Pa.</u>		
Name of person giving information	<u>Chas Zimmerman</u>		How related to deceased <u>Son</u>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Cerebral apoplexy</u>	How long	<u>Nine hours</u>
Immediate	<u>Heart failure</u>	How long	<u>Three hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Abraham Shank</u>
<u>X</u>	Address	<u>Clearspring</u>	
		<u>Washington County</u>	
Accident or Suicide? <u></u>			

✓



8